

1 Supporting information

2 S3 Table. Additional results found in the studies.

Outcomes (follow-up)	№ of participants (studies)	Anticipated absolute effects* (95% CI)		Relative effect (95% CI)	Certainty of the evidence (GRADE)
		Risk with Control	Risk with Intervention		
<i>Episodic treatment vs Low-dose prophylaxis</i>					
Change in the Haemophilia Early Arthropathy Detection with Ultrasound (HEAD-US) (12 months)	50 (1 RCT)	<ul style="list-style-type: none"> • Chozie 2019: Low-dose prophylaxis: mean of 1.84. Episodic treatment: mean of 0.2 (p= 0.257). 			⊕○○○ VERY LOW ^{a,b,c}
<i>Episodic treatment vs Intermediate-dose prophylaxis</i>					
Change in the Colorado Adult Joint Assessment Scale (CAJAS), which assess joint physical	83 (1 RCT)	<ul style="list-style-type: none"> • Manco-Johnson 2017: Intermediate-dose prophylaxis: mean -0.31. Episodic treatment: mean 0.63 (p= 0.007). 			⊕○○○ VERY LOW ^{a,b,c}

examination (lower = better) (36 months)			
Pain score (Short-form McGill Pain Questionnaire) (lower = better) (36 months)	83 (1 RCT)	<ul style="list-style-type: none"> • Manco-Johnson 2017: Intermediate-dose prophylaxis: mean -2.5. Episodic treatment: mean 2.4. No p-value provided. 	⊕○○○ VERY LOW ^{a,b,c}
Change in activity level (36 months)	83 (1 RCT)	<ul style="list-style-type: none"> • Manco-Johnson 2017 reported that the proportions at baseline and at 3 years were: <ul style="list-style-type: none"> ○ Increased activity: Intermediate-dose prophylaxis 7.1% to 40.5%. Episodic treatment: 14.3% to 19.0%. ○ Unrestricted work/school and recreational activities: Intermediate-dose prophylaxis: 33.3% to 47.6%. Episodic treatment: 38.1% to 26.2%. 	⊕○○○ VERY LOW ^{a,b,c}
Healthcare Resource Utilization (HRU) (36 months)	83 (1 RCT)	<ul style="list-style-type: none"> • Manco-Johnson 2017: HRU in patients with episodic treatment was higher than in those with intermediate-dose prophylaxis: hematologists (2.43-fold), primary care physicians (3.17-fold), and nurses (2.2- 	⊕○○○ VERY LOW ^{a,b,c}

		fold); laboratory utilization (1.79-fold); and joint surgeries (performed in 23.8% vs 9.5% of patients).	
Treatment satisfaction (36 months)	83 (1 RCT)	<ul style="list-style-type: none"> • Manco-Johnson 2017 reported that the treatment satisfaction at 3 years in patients with intermediate-dose prophylaxis and episodic treatment were: <ul style="list-style-type: none"> ○ Treatment somewhat/greatly exceeded their expectations: 42.9% and 26.2%. ○ Very/extremely satisfied with treatment: 64.3% and 42.9%. ○ Probably/definitely would continue with their replacement therapies: 66.7% and 47.6%. 	⊕○○○ VERY LOW ^{a,b,c}
<i>Studies that compared two different prophylactic factors</i>			
Annualized bleeding rate (ABR) (11.5 months)	131 (1 RCT)	<ul style="list-style-type: none"> • Powell 2012: ABR was higher (worse) in patients with BAY 79-4980 (mean 15.0 SD 14.2) than in those with rFVIII-FS (mean 5.8 SD 6.9). No p-value provided. 	⊕○○○ VERY LOW ^{a,b,c}
Annualized joint bleeding rate (AJBR) (11.5 months)	131 (1 RCT)	<ul style="list-style-type: none"> • Powell 2012: AJBR was higher (worse) in patients with BAY 79-4980 (mean 12.2 SD 14.2) than in those with rFVIII-FS (mean 5.0 SD 6.3). No p-value provided. 	⊕○○○ VERY LOW ^{a,b,c}

Adverse events (11.5 months)	131 (1 RCT)	<ul style="list-style-type: none"> • Powell 2012: No patient developed inhibitors in both groups. 	⊕○○○ VERY LOW ^{a,b,c}
<i>Studies that assessed intermediate-dose prophylaxis vs pharmacokinetic prophylaxis</i>			
Annualized bleeding rate (ABR) (12 months)	66 (1 RCT)	<ul style="list-style-type: none"> • Valentino 2012: Mean ABR in patients with PK-prophylaxis: 1.9. Intermediate-dose prophylaxis: 1.6, p= 0.2588. 	⊕○○○ VERY LOW ^{a,b,c}
Quality of life (12 months)	66 (1 RCT)	<ul style="list-style-type: none"> • Valentino 2012: median score of HRQoL at 1 year in patients in both groups treatment “did not show statistical differences” (no data provided). 	⊕○○○ VERY LOW ^{a,b,c}
Adverse events (12 months)	66 (1 RCT)	<ul style="list-style-type: none"> • Valentino 2012 reported that no patient developed inhibitors in both groups, and that the adverse events was similar in patients with PK-prophylaxis (mean rate 0.089) and in those with intermediate-dose prophylaxis (mean rate 0.356), p> 0.05. 	⊕○○○ VERY LOW ^{a,b,c}
<i>Studies in which the groups received the same weekly doses but with different frequency (50 IU/kg twice a week, vs 100 IU/kg once a week)</i>			
Annualized bleeding rate (ABR) (8 months)	44 (1 RCT)	<ul style="list-style-type: none"> • Valentino 2014: Mean ABR was similar in patients that used 50 IU/kg twice a week: 2.6. In patients that used 100 IU/kg once a week: 4.6, p = 0.217. 	⊕○○○ VERY LOW ^{a,b,c}

Annualized joint bleeding rate (8 months)	44 (1 RCT)	<ul style="list-style-type: none"> • Valentino 2014 Mean AJBR in patients that used 50 IU/kg twice a week: 1.9. In patients that used 100 IU/kg once a week: 3.6. No p-value provided. 	⊕○○○ VERY LOW ^{a,b,c}
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*The risk in the intervention group (and its 95% confidence interval) is based on the assumed risk in the comparison group and the relative effect of the intervention (and its 95% CI).

CI: Confidence interval; **eMRI:** Extended magnetic resonance imaging; **MD:** mean difference; **IQR:** Interquartile range; **SD:** Standard deviation; **HRQoL:** Health-related quality of life.

Explanations

- a. We rated down one level for risk of bias.
- b. We rated down two levels for imprecision due to the small number of participants that presented the outcome (less than 200).
- c. We rated down one level for publication bias.